PTO/SB/30 (04-07)
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	Request	Application Number	10/042,644
	for	Filing Date	January 8, 2002
	Continued Examination (RCE) Transmittal	First Named Inventor	Jacques F. BANCHEREAU
Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450		Art Unit	1646
		Examiner Name	Gyan Chandra
	exandria, VA 22313-1450	Attorney Docket Number	AGT.10006NP

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8,

1995, or to any design application. See Instruction Sheet for RCEs (no	t to be subm	tted to the USPTO) on page	2.
 Submission required under 37 CFR 1.114 Note: If the amendments enclosed with the RCE will be entered in the order applicant does not wish to have any previously filed unentered a amendment(s). 	in which the	y were filed unless applican	t instructs otherwise. If
a. Previously submitted. If a final Office action is outstan considered as a submission even if this box is not che		nendments filed after the fina	al Office action may be
i. Consider the arguments in the Appeal Brief or F	Reply Brief p	eviously filed on	
li Other			
b. Enclosed		_	
I. Amendment/Reply	iii. 🗹	Information Disclosure S	Statement (IDS)
ii. Affidavit(s)/ Declaration(s)	iv.	Other: Fee Transmittal	ension of Time and for FY 2007
2. Miscellaneous			_
Suspension of action on the above-identified applica a. period of months. (Period of suspension shal			
b. Other			, (,, , , , , , , , , , , , , , , , , ,
	- 055 4 44		
The RCE fee under 37 CFR 1.17(e) is required by 31. The Director is hereby authorized to charge the follow			credit any overnayments, to
a. Deposit Account No. 50-3218			
i. RCE fee required under 37 CFR 1.17(e)			٠.
ii. Extension of time fee (37 CFR 1.136 and 1.17)			
iii. Other			
b. Check in the amount of \$		enclosed	•
c. Payment by credit card (Form PTO-2038 enclosed)			•
WARNING: Information on this form may become public. Credit ca	ard Informa	lon should not be include	d on this form. Provide credit
card Information and authorization on PTO-2038.			
SIGNATURE OF APPLICANT, A	TTORNEY,		7:
Signature / Skus 1. Sll.with Name (Print/Type) Joshua T. Elliott		Date Registration No.	June 13, 2007
Joshua I. Elliott	· · · · · · · · · · · · · · · · · · ·	Trogistration No.	43,603

I hereby certify that the application/correspondence attached hereto is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated above and is addressed to the Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Express Mail Label No. EV 835 058759 US Date of Deposit: 06 13 2007 Cynthia Wilder

PTO/SB/17 (05-07)
Approved for use through 05/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL FOR FY 2007 Application Number 10/042,644 Filing Date January 8, 2002 First Named Inventor Jacques F. BANCHEREAU et.al Examiner Name Gyan Chandra Art Unit 1646 Attorney Docket No. AGT.10006NP METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Number: 50-3218 Deposit Account Name: Hutchison Law Group PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee
FEE TRANSMITTAL For FY 2007 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 790.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account, Number: 50-3218 Deposit Account Name: Hutchison Law Group PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Application Type Fee (\$) Fee (\$
FOF FY 2007 First Named Inventor Jacques F. BANCHEREAU et.al
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Art Unit 1646 Attorney Docket No. AGT.10006NP
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-3218 Deposit Account Name: Hutchison Law Group PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card Information should not be Included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$)
Check Credit Card Money Order Deposit Account Number: 50-3218 Deposit Account Name: Hutchison Law Group PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) F
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Provisional 200 100 0 0 0
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Z. EXCESS CLAIM FELS
Fee (\$) Fee (\$)
Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100
Multiple dependent claims 360 180
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
13 · 20 or HP = 0 x 50.00 = 0.00 Fee (\$) Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20. 0.00
Indep. Claims
2 - 3 or HP = 0 x 200.00 = 0.00 HP = highest number of independent claims paid for, if greater than 3.
3. APPLICATION SIZE FEE
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
100 = / 50 = (round up to a whole number) x =
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)
Other (e.g., late filing surcharge): Request for continued examination (RCE) (see 37 CFR 1.114) 790.00
UBMITTED BY
Registration No.43 603 Telephone+1.919.829.9600
ame (Print/Type) Joshua T. Elliott (Attomey/Agent) Date June (3, 2007)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.